

Compensation of Hospital Employees

Calendar Year: 2014		Entity Name: Grant County Public Hospital Dist # 2 dba Quincy Valley Medical Center						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 MEHDI MERRED	Yes (CEO)	GCPHD2	156,000		549	5,000	19,349	180,898
2 DEAN TAPLETT	N	GCPHD2	110,386	14,416	4,972		14,147	143,921
3 SHERYL WOOD	N	GCPHD2	75,000		549		5,184	80,733
4 KELLY ROBISON	N	GCPHD2	74,526		549		5,184	80,259
5 THOMAS RICHARDSON	N	GCPHD2	69,784		0		831	70,615
6 ALENE WALKER	N	GCPHD2	61,610		549		5,943	68,102
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov